

Psychology Internship at Buffalo VA Medical Center

[Psychology Internship Home Training Goals and Structure Rotations Faculty Buffalo & Western NY](#)

Program Introduction

The Doctoral Psychology Internship Program at the VA Western New York Healthcare System (VAWNYHS) is accredited by the American Psychological Association. The program provides qualified doctoral candidates in clinical and counseling psychology the opportunity to obtain a wide range of experiences with a variety of psychiatric, medical, and geriatric patients in both inpatient and outpatient settings. The intern gains experience in the activities conducted by practicing psychologists. The intern works as an integral part of the health care team with other professionals and their trainees.

Internship graduates are well suited to practice in VA facilities as well as a wide range of health care settings. The majority of graduates of the VAWNYHS Doctoral Psychology Training Program have chosen to work in clinical settings. The skills that they have acquired during their internship year have proven to be highly transferable to a wide variety of professional practice settings including VA medical centers, non-VA hospitals, and other medical and psychiatric settings, as well as clinical research and academic settings. Many interns choose to take post-doctoral training positions in the year following internship and we have an excellent track record of placing interns into fellowships and jobs.

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Please note that we cannot offer clinical training to students in disciplines outside Psychology, but graduate students in doctoral programs of study in Clinical or Counseling Psychology may contact the Director of Training with inquiries regarding practicum training before their doctoral internship.

For further information on accreditation status, contact:

[Commission on Accreditation*](#)

c/o Office of Program Consultation and Accreditation

Education Directorate

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Eligibility Requirements for VA Psychology Internship Programs:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for Selective Service by age 26 to be eligible for any U.S. government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.
5. Doctoral student in good standing at an APA-accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
Approved for internship status by graduate program training director.

VAWNYHS Psychology Internship Requirements:

1. A minimum of 1000 hours of supervised practicum experience is recommended by the start of the internship year, typically including at least 500 hours of direct patient contact. It is expected that applicants will have substantial prior supervised experience in assessment, (e.g., five MMPI2 reports, at least five comprehensive adult reports and satisfactory grounding in intellectual assessment), as well as individual and/or group psychotherapy. We are unable to guarantee extensive experience in administration and interpretation of psychological assessment instruments outside of our Neuropsychology and Geropsychology specialty tracks.
2. A basic understanding of psychological test construction and a familiarity with the use of the DSM is also required. For specialty track applicants, the ability to administer, score, and interpret results from customary assessment tools of the specialty are prerequisites for appointment as an intern.
3. Advanced progress on the dissertation is highly desirable.

Application Requirements:

1. The APPIC Application for Psychology Internship * submitted online.
2. A current vita (uploaded to your APPIC application.)
3. Please include unambiguously in the cover letter uploaded to your APPIC application which internship track(s) you are applying to (General / Geropsychology / Neuropsychology). It is permissible and sometimes advantageous to apply to multiple tracks. However, candidates who match under the General track would only be able to complete Neuropsychology or Geropsychology half-time elective rotations in the second half of the internship year, and only candidates with substantial prior neuropsychology training will be considered for the Neuropsychology specialty track. If you know what other rotations interest you at the time of application, it is valuable for you to also indicate these in your cover letter, though you will not be bound to these choices for internship.
4. Three letters of recommendation. Please do not include more than three letters. Those who know you well enough to discuss your strengths and weaknesses as a scholar-clinician should write these letters. At least one letter should be from a practicum supervisor (uploaded to your APPIC application.).
5. Official graduate transcripts (uploaded to your APPIC application.)
6. A letter from your Director of Clinical Training confirming your eligibility for internship. (Part 2 of the AAPI)
7. Please do not submit work samples as part of the application. Further, VA SF 171 is not required at the time of application.

All application materials should be received by November 15.

Selection Process

Applications are reviewed by internship supervisors for

- minimum expected practicum experience in assessment, intervention and supervision
- quality, depth and breadth of practicum training
- relevance of practicum experience to internship at our VA setting
- fit of developing applicant career goals with the VA's missions
- quality of communication
- sophistication in clinical formulation, diversity awareness, developing clinical identity and scholar-clinician integration

We will be notifying candidates that they have been selected for interviews on or after December 15. Approximately 30 applicants are invited to interview annually from late December through January. Interviews are scheduled individually for each applicant with each of the Director of Training, two rotation supervisors and one current intern. We prefer to interview candidates in person, but we have conducted mutually beneficial interviews by telephone conference calls.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. We are committed to a selection process which encourages diversity among interns selected for our training program. If you have any difficulty with or questions about the application procedure, please call Dr. Frohm at (716) 862-8594 or email Karl.Frohm@va.gov ***

* Link will take you outside of the Department of Veterans Affairs Web site. VA does not endorse and is not responsible for the content of the linked web sites. The link will open in a new window.

*** Submitting requests through this e-mail link is not secure. If you wish to send a secure message, please use the VA National Inquiry Routing & Information System (IRIS)

Psychology Internship at Buffalo VA Medical Center

[Psychology Internship Home](#) [Training Philosophy, Goals and Internship Structure](#) [Rotations](#) [Our Faculty](#) [Buffalo & Western NY](#)

Training Philosophy, Goals and Internship Structure

The VAWNYHS Psychology Doctoral Internship is a highly intern-centered scholar-practitioner program that prepares students to function independently in a wide range of clinical settings, with fidelity to scientific literature and current clinical practice standards, within a supportive and individualized training structure that values scientific activity and encourages leadership in contribution to the health care system.

We prioritize interns' training experience over their value as a labor resource. We value diversity in our staff and intern classes. Our supervisors provide a range of professional role models, from scientist-practitioner to specialist clinician, often including important leadership roles in the health care system. Similarly, we offer a broad range of in-depth and specialized professional experiences, with flexibility both to ensure strong core skills and to achieve advanced proficiency in areas of personal interest and experience. Intern developmental growth is supported through diverse, intensive clinical activities, strong, mentorship-style supervision and multi-faceted program elements that complement supervised direct

patient care. Interns are regarded as junior colleagues in a professional culture that values metacompetence and lifelong professional growth and development.

Internship Goals

Our internship goals are to ensure that each intern possesses broad and solid global competencies for independent clinical practice in psychology, as assessed quarterly in each of the following domains:

1. Clinical assessment
2. Clinical intervention
3. Interdisciplinary consultation and collaboration
4. Integrated scholarship as a knowledge base for clinical practice
5. Professional conduct

In addition, our training program has a strong tradition of intern-centered values. Within a primary framework that ensures necessary global competencies for independent practice, our program identifies with a mentorship model of supervision that honors intern developmental needs and intern-identified training objectives within individualized training rotations. We encourage interns to select training experiences in concert with their preferred career objectives, and we hope to produce graduates who will grow to provide clinical, organizational and academic leadership in the health care system.

Interns who successfully complete the internship will:

- Be broadly competent in psychological assessment, psychotherapy and clinical intervention
- Function comfortably and effectively in interdisciplinary health care settings
- Possess necessary skills and internal standards for professional ethical behavior, diversity awareness, communication and self-management of activities
- Accurately and creatively apply scholarly knowledge and scientific principles to the solution of clinical problems
- Possess foundations of metacompetence, the ability to monitor and improve one's ongoing skill set to fit changing professional demands.

Many of our interns go on to provide leadership in clinical, organizational and academic settings. Interns planning careers in specialty areas are generally able to meet all training requirements for competitive placement in post-doctoral training fellowships. . Our internship values and supports research skills and activity, and many of our interns advance to careers as researchers.

To facilitate the attainment of these goals, we identify strengths and weaknesses in interns' previous training and develop individualized training objectives, based on global clinical competencies and individual career goals. Training objectives established with supervisors at the start of each rotation are

reviewed at mid-rotation. Progress with respect to global competencies for professional practice is re-evaluated quarterly. Performance within training rotations is reviewed at mid-rotation and formally evaluated at the end of each 6-month rotation. Core training rotations are supplemented by didactic seminars, group supervision, a year-long intern project, diversity awareness seminars, medical center training activities and a relationship with a non-supervisory mentor to provide a multi-faceted and developmentally sensitive training experience. Strong supervisory relationships support autonomous professional activities and time management skills for independent practice, as well as sheltered opportunity to sort and integrate training experience with corrective feedback.

Internship Structure

We currently offer five internship positions, all emphasizing a strong scholar-practitioner skill base especially suited for psychologists working in large medical settings. Candidates must apply to one or more of our three internship tracks: the General internship track (comprising three of the five internship positions), and specialty tracks in Geropsychology and Neuropsychology (one internship position each). Up to 50 percent of the internship year may be devoted to a specialty area.

Specialty track (Neuropsychology and Geropsychology) interns spend the first half of internship in specialty rotations. General track interns are generally assigned two concurrent half-time rotations in each half of the year (i.e., total of 4), as are specialty track interns in the second half of the year.

Interns may access any of our training rotations, regardless of track. Rotation assignments are based primarily on intern preference, though we also balance assignments to assure breadth of clinical experience, in accord with interns' identified professional development objectives.

Rotation assignments are made well before the start of internship, though we have historically been quite flexible in adjusting second half rotation assignments during the year in response to intern requests.

Consideration is given in scheduling rotations to optimize intern experience early in internship in order to optimize applications for post-doctoral fellowships. Weekly intern schedules will vary depending on the two rotations to which they are assigned, but Fridays generally bring interns together for seminars, Diversity Brown Bag and other lunchtime symposia, and group supervision.

General Track

General track interns in recent years have brought a wide range of expertise and interest in conventional mental health clinical practice and medical psychology roles. Our extensive rotation options allow General track interns the luxury of both sampling widely in new or developing skill areas and sharpening advanced skills in core specialty interest areas. Graduating General track interns have been highly successful in moving on to a wide range of VA and non-VA clinical, research and mixed professional positions.

Sample General Training Track Rotation Assignments:

Sample 1:

July - January	January - July
Rotation 1: Behavioral Health Clinic Rotation 2: Neuropsychology	Rotation 3: Primary Care Rotation 4: Psychosocial Rehab & Recovery Center

Sample 2:

July - January	January - July
Rotation 1: Behavioral Medicine Rotation 2: Substance Use Disorder Specialty Treatment Services	Rotation 3: PTSD Rotation 4: Center for Integrated Health Care

Geropsychology Specialty Track

The Geropsychology Specialty Track is designed to offer a breadth of experiences related to geropsychology practice. The intern will be provided with opportunities to work in consultation with a number of providers through an outpatient Geropsychology clinic, consult to an Advanced Illness/Palliative Care team, and function as an integral member of a multidisciplinary team that serves Veterans in the nursing home setting or community living center (CLC). Opportunities will include work with Veterans with a range of mental health diagnoses including those related to mood disorders, cognitive decline, and severe mental illness, Veterans with complex medical problems, terminal illness, and Veterans with relatively short-term problems in need of rehabilitation and discharge planning. Presenting issues include depression, anxiety, dementia, grief and loss, end-of-life issues and planning, and behavioral management. Staff and family support, education, and counseling are also a large component of the intern's experiences in this track. The Geropsychology Specialty Track intern spends the first half of internship, July to January, in two concurrent half-time specialty track rotations:

Community Living Center (CLC), Batavia VA Medical Center. The CLC rotation is tailored to meet specific intern training goals and the needs of the CLC. Opportunities include conducting psychological, cognitive, and capacity evaluations, individual and group psychotherapy, family support, behavioral assessment and treatment planning, and working as a member of the treatment team. Dr. Kim Curyto is the primary supervisor, and the intern will spend two days a week at the Batavia campus.

Geropsychology, Buffalo VA Medical Center. This assignment primarily involves the Geropsychology outpatient clinic, conducting outpatient geropsychological assessments and therapeutic interventions. The Geropsychology rotation also includes individual and family therapy in collaboration with the Advanced Illness/Palliative Care team on a Buffalo VA community living center. Dr. Kathryn Moss is the primary supervisor for intern activities two days a week on this service.

Sample Geropsychology Track Rotation Assignments:

July - January	January - July
Rotation 1: Geropsychology Rotation 2: Community Living Center	Rotation 3: Behavioral Health Clinic Rotation 4: Primary Care

Neuropsychology Specialty Track

Interns in the Neuropsychology track will have the opportunity to gain entry level competence in Neuropsychology during the first half of the training year. For Neuropsychology Specialty Track interns, priority is focused on facilitating the intern's readiness and marketability for the post-doctoral residency in clinical neuropsychology, as well as on providing the foundation training necessary for eventual board certification. Our Neuropsychology Specialty Track interns have had an excellent track record for obtaining quality post-doctoral training in settings such as Brown University, Cleveland Clinic, University of Michigan, University of Rochester, National Rehabilitation Hospital, University at Buffalo and other institutions. Many of our former interns have either completed, or are in the process of, board certification.

As above, Neuropsychology Specialty Track interns may select from all other available rotations in requesting rotation assignments for the second half of the training year.

Sample Neuropsychology Track Rotation Assignments:

July - January	January - July
Rotation 1: Neuropsychology (full time)	Rotation 3: Community Living Center Rotation 4: Primary Care

Supervision

Interns' relationships with our training faculty are the central strength of their training experience. Our internship program strictly meets and generally exceeds APA guidelines regarding volume and quality of supervision. Interns meet with individual rotation supervisors for a minimum of two hours per week. It is also expected that supervisors will spend an additional hour working with interns in case conferences, co-therapy, or informal conversations regarding patient care.

Group Supervision

Weekly group supervision (60 minutes) is co-facilitated by two training faculty. Group supervision is intended to be a flexible format, in which interns substantially determine objectives and content for group supervision, often including discussions of challenging clinical issues, systems or interpersonal issues, professional development, ethics, job-hunting, etc.

Mentor

Each intern selects a member of the Psychology staff to be a non-supervisory (non-evaluative) mentor for the training year. Past interns have consistently found relationships with these mentors to be valuable as a) models and advisors for career development, b) confidential consultants in addressing developmental, interpersonal or systemic issues, and c) advocates, in rare instances, when needed.

Intern Seminars

Interns attend weekly 2-hour didactic seminars, whose broad content is carefully selected and revised annually based on intern feedback, developing program objectives and available expertise. [View 2013-2014 Psychology Seminar Series](#). In addition, our training program values career-long continuing education. Psychology faculty and interns have the opportunity to attend a variety of teaching conferences, seminars and workshops, including hospital teaching rounds, presentations sponsored within the community by the SUNY Buffalo School of Medicine and affiliated medical centers, and VA-sponsored trainings. Interns may also apply to the Director of Training to use training hours to attend other workshops or seminars, either local or out of town.

Diversity Awareness

Our Training Committee sponsors an ongoing diversity awareness program, including training faculty and interns in designing and planning diversity awareness activities. Our monthly Diversity Awareness Brown Bag discussion series is required of interns and attended by core faculty, each semi-structured discussion centered on an advance topic.

Internship Project

All interns are required to complete and present a project during the course of their training year. The purpose of the project is to expand on rotation clinical activities to further integrate scientific perspective into clinical practice or to engage in program development and outcome assessment. Past projects have most frequently included collaboration with supervisors on research studies, program consultation, design of new clinical programs in response to specific systems objectives, and implementation of new clinical programs, such as therapy groups. Note that the project should be seen primarily as an opportunity for expanded learning experience on the internship and is not intended to be a great evaluative or time burden for interns.

Research Opportunities

Research participation is not required; however, research opportunities are readily available, and interns are welcome to participate in on-going research projects. Training faculty interests are included in staff

descriptions. In addition, interns can complete their own projects during the course of the year. Applicants who are interested in pursuing research interests are encouraged to discuss this with the Director of Training.

Internship Funding and Benefits

The VHAWNYHS Doctoral Psychology Internship Program is funded by the Department of Veterans Affairs Office of Academic Affiliations via an annual earmarked allocation to the Medical Center. Stipends are provided to qualified students in APA accredited programs in clinical and counseling psychology, currently at \$24,566 for the 2080 hour training year from July to July. Interns are able to participate in employee health insurance programs. There are several options for healthcare coverage and employees pay a portion of the cost via automatic deductions in each paycheck. The cost of coverage is dependent on the health insurance plan selected by the employee. Interns typically train during normal administrative hours (Monday through Friday, 8:00 a.m. to 4:30 p.m.), although some rotations may have opportunities for evening hours. Interns accrue sick time and vacation time at a rate of 4 hours each per biweekly pay period. Interns are not expected to train on site more than 40 hours weekly without express permission of the Director of Training. Training time is credited for attendance at professional conferences, research and employment interviews.

Psychology Internship at Buffalo VA Medical Center

[Psychology Internship Home](#) [Training Philosophy, Goals and Internship Structure](#) [Rotations](#) [Our Faculty](#) [Buffalo & Western NY](#)

Rotations

The following rotations are components of the Psychology Doctoral Internship at Buffalo VA Medical Center: Standard rotation schedule is half-time for 6 months in each half of the internship year; however, a) Neuropsychology Specialty Track interns complete a full-time Neuropsychology rotation from July to January; b) Geropsychology Specialty Track interns complete paired half-time rotations in Geropsychology and the Community Living Center, from July to January, and c) other rotations are sometimes offered in extended or full-time variations. Note that our roster of available rotations and supervisors often evolve from year to year. We provide current updates on all rotation options at interview, and you may contact the Director of Training at any time to confirm current rotation offerings.

- Behavioral Health Clinic
- Behavioral Medicine
- Center for Integrated Healthcare

- Geropsychology Specialty Track
- Community Living Center
- Geropsychology
- Neuropsychology
- PTSD
- Primary Care
- Primary Care Pain Management
- Psychosocial Rehab & Recovery Center
- Substance Use Disorder Specialty Treatment Services

Behavioral Health Clinic

Dr. Brad Brown

Prerequisites: None

Settings, Tasks and Workload: This rotation offers the intern opportunity to work in a multidisciplinary, general mental health setting that provides outpatient mental health services for more than three thousand active patients in the Buffalo, NY and surrounding areas. Most patients are also linked to a primary care medical provider and assorted other medical care specialists. Patients have access to a wide array of psychological, medical, and other support services, so that the intern has the experience and responsibility of interacting within a healthcare system, seeking to address the need of the whole patient.

Each patient in the Behavioral Health Clinic is assigned to a primary mental health provider and may have numerous other providers within the Clinic or within the larger Behavioral Health Care Line. Interns have the opportunity to provide assessment and treatment to patients, for whom they may have primary responsibility for evaluation, treatment, and consultation. Some of the cases will undoubtedly serve as long-term cases for interns. Usually, intervention will be done on an outpatient basis, but may involve short-term consultation and treatment on inpatient units

There are likely to be some unique opportunities for development of learning about Posttraumatic Stress Disorder (PTSD) and best practice interventions. In addition to more traditional psychiatric populations, the Clinic has a wide variety of veterans with PTSD from Korea, Vietnam, Lebanon, the Persian Gulf, Afghanistan, and Iraq, not to mention men and women who have experienced trauma in their earlier lives.

Interns may be involved in psychological assessment and testing, individual therapy and group therapy, marital and family therapy and patient education activities. Cases are assigned to interns on the basis of their training value. The goal is that some of the cases will be long-term and provide learning

opportunities for intense exploratory psychotherapy and the development of new or expanded skills. Ultimately interns have the flexibility to modify this rotation in a way that best meet their needs. Some interns have opted for a more in-depth training experience with relatively few cases and intensive supervision. Other interns have designed programs that include carrying a larger caseload and following a brief therapy model.

Didactic Opportunities: Monthly conferences are held for behavioral health staff. Interns are encouraged to attend clinical workshops in Buffalo, NY or in surrounding communities that are congruent with their clinical interests.

Structure of Supervision: Supervision is seen as playing a major role in interns' development as professional psychologists. A minimum of two hours per week of individual supervision is scheduled, along with many opportunities for informal supervisory/collegial contacts with the supervisor and professionals from other disciplines. The goal of supervision is for the participants to enter a reciprocal learning enterprise, with supervisor and supervisee interacting to provide the intern opportunities for new depths of clinical understanding and for honing of skills in therapeutic intervention and practice.

Behavioral Medicine

Dr. Karl Frohm

Prerequisites: Familiarity with medical settings, relaxation training, and cognitive therapy is desirable but not required. Translating from treating psychopathology to treating medical problems in support of allied clinicians is often a challenging but rewarding shift for interns without strong prior experience in behavioral medicine.

Settings, Tasks, and Workload: The Behavioral Medicine Rotation is characterized by significant ambiguity and intern autonomy, in-depth supervision, support of medical (vs conventional psychotherapeutic) objectives and development of intern competence in functioning within the culture of medicine. Our referral base is variable in terms of volume and content of cases, particularly outside the Chronic Pain Clinic. Principal settings and activities:

Chronic Pain Clinic Immersion in an interactive, highly-developed interdisciplinary chronic pain team, including extensive experience in pain treatment approaches and clinical issues (e.g., opioid abuse). Intern activities include interview assessment and triage, problem-focused cognitive-behavioral intervention, relaxation training, case management, consultation to medical providers and interpretation of written psychosocial screening assessment data. The pain team offers interns unique opportunities to observe medical examinations, acupuncture and other pain management procedures.

Diabetes clinic liaison--Individual treatment for health behavior change and coping with diabetes, to improve diabetic management and quality of life, as well as brief group intervention for stress inoculation and risk reduction among diabetic patients, as part of an American Diabetes Association accredited education program.

Pre-surgical evaluation—of candidates for liver, kidney, heart-lung, stem cell/bone marrow transplantation as well as implanted spinal cord stimulators or intrathecal opioid pumps for chronic pain.

General behavioral medicine consultation--Outpatient (some inpatient) referrals from all hospital clinical services and programs. Referral concerns include anxiety and depression associated with medical conditions, problems in treatment adherence, adaptation to chronic illness, death and dying, coping with stressful medical procedures, psychophysiological and somatoform syndromes.

Behavioral medicine combines diverse foundation psychological clinical skills and concepts in resolving symptoms of or enhancing adaptation to medical problems. Our activity is patient centered, holistic, and often highly attentive to systemic issues. Co-morbid psychiatric problems (e.g., PTSD) are often a necessary focus of intervention in addressing behavioral medicine issues. Staff behavior and systemic issues are often important targets of intervention, and eventual comfort and competence in communicating with physicians and allied professionals is a priority. For interns with substantial prior relevant clinical experience, the Behavioral Medicine rotation is an opportunity to develop independent practice skills in medical consultation and liaison, sound expertise in one or more specific medical disease paradigms, and advanced understanding of chronic pain issues and treatment strategies, in particular.

On this rotation, past interns have valued

- Unique opportunity to function at the center of a highly-integrated medical team
- Opportunities to shadow medical evaluations and procedures
- Depth and accessibility of supervision
- Opportunity to sample complex chronic pain cases and issues in depth
- Well-developed clinic model for addressing opioid adherence and other problem illness behaviors
- Growth in process-oriented models for addressing therapeutic partnership, axis II and nonadherence issues
- Introduction to schema-based model for conceptualizing adaptation to illness and life change
- Opportunities for introduction to biofeedback and Ericksonian hypnotic techniques

On this rotation, past interns have been challenged by

- Translation of prior training to treating essentially medical problems (vs psychopathology)

- Holistic and patient-centered context for cognitive-behavioral and empirically-based therapies
- Acculturation to procedures, worldview and interactive style of medical clinics and units
- Need for rapid, concise, problem-focused, practical professional communications
- Ambiguity, autonomy and diversity of clinical problems

Didactic Opportunities: Half of didactic instruction comes via scheduled supervision, the rest from Psychology seminars (recently including units on acculturation to the medical environment, pain, psychosomatic processes, relaxation training), pain team conferences and other medical-surgical conferences. Collaboration with and opportunities to learn from allied health providers are essential to the rotation.

Research Opportunities: Opportunities for clinical research or collaboration are possible, particularly in the area of pain assessment. Interns interested in research participation are encouraged to contact Dr. Frohm as early as possible to specify the form and feasibility of such projects.

Structure of Supervision: Scheduled supervision is 2-3 hours per week, supplemented by team meetings and additional supervision as needed. Dr. Frohm primarily embraces cognitive, interpersonal, and client-centered theoretical orientations. Interns eventually function with a high degree of autonomy, but with readily accessible and intensive supervision, as needed.

Center for Integrated Healthcare

Dr. Gregory Beehler

Prerequisites: Prior experience in primary care is helpful but not mandatory. Willingness to participate in a broad array of activities at a VA Office of Mental Health Services Center of Excellence is required. Interns who are interested this rotation should be aware that it requires a significant level of self-direction.

Setting, Tasks, and Workload: The Center for Integrated Healthcare (CIH) is a research, education, and clinical center devoted to improving the health of Veterans by advancing Primary Care-Mental Health Integration (PC-MHI). This rotation is primarily focused on program implementation, evaluation, research, and education. More information about the Center is available here: www.mirecc.va.gov/cih-visn2/

Tasks will include activities related to on-going CIH research projects, educational program development, and program implementation and/or evaluation. Tasks and workload will be tailored to the Intern's previous level of experience and competency in research related activities. Duties will reflect the typical activities involved with clinical research and program evaluation conducted by VA researchers, including opportunities to engage in professional and scientific writing.

Didactics: The intern is expected to complete and discuss selected readings on integrated healthcare weekly. The intern will attend videoconference offerings on integrated care as available.

Research Opportunities: Dr. Beehler's research focuses on integrated primary care, psychosocial oncology, and chronic pain. His recent work has focused on the following topics: developing a measure of protocol adherence among integrated primary care providers; promoting wellness in cancer survivors, and predicting health care utilization among Veterans with chronic pain. He welcomes intern collaboration on professional presentations and publications. Dr. Beehler is also the Consultation-Liaison psychologist for the Buffalo VA Oncology Clinic and coordinates the oncology distress screening program. Interns may therefore have the opportunity to engage in evaluation activities related to this program.

While under the supervision of Dr. Beehler, Interns are expected to collaborate on his projects, but may also choose to work with other CIH researchers in areas such as geropsychology or traumatic brain injury for part of their rotation experience.

Structure of Supervision: Formal supervision is scheduled for one hour per week. Additional supervision varies from 30 to 90 minutes per week. On-going informal supervision is typical, and tailored to the need of the Intern and based on research project demands.

Geropsychology Specialty Track

Prerequisites: Interest in working with older adult, dementia, and palliative care/hospice populations; interest in working with partners, family members, and staff; experience with psychological testing and integrative report writing; a strong interest in geropsychology as a profession.

Setting, Tasks, and Workload: The Geropsychology Specialty Track is designed to offer psychology interns a breadth of experiences related to geropsychology practice. The intern will be provided with opportunities to work in consultation with a number of providers through an outpatient Geropsychology clinic, consult to an Advanced Illness/Palliative Care team, and function as an integral member of a multidisciplinary team that serves Veterans in the nursing home setting or community living center (CLC). Opportunities will include work with Veterans with a range of mental health diagnoses including those related to mood disorders, cognitive decline, and severe mental illness, Veterans with complex medical problems, terminal illness, and Veterans with relatively short-term problems in need of rehabilitation and discharge planning. Presenting issues include depression, anxiety, dementia, grief and loss, end-of-life issues and planning, and behavioral management. Staff and family support, education, and counseling are also a large component of the intern's experiences in this track.

The Geropsychology Specialty Track intern spends the first half of internship, July to January, in specialty track rotations. First is a half time placement in the Batavia VA Community Living Center (CLC), tailored

to meet the intern's training goals and the needs of the CLC. Opportunities include conducting psychological, cognitive, and capacity evaluations, individual and group psychotherapy, family support, behavioral assessment and treatment planning, and working as a member of the treatment team. Dr. Kim Curyto will be the primary supervisor, and the intern will spend two days a week at the Batavia campus.

In the first half of internship, the Geropsychology Specialty Track intern will concurrently complete a half time placement in the Buffalo VA Geropsychology outpatient clinic conducting outpatient geropsychological assessments. This placement will also include intervention work and providing individual and family therapy in collaboration with the Advanced Illness/Palliative Care team in medical inpatient settings at the Buffalo VA site. Dr. Kathryn Moss will be the primary supervisor for two days a week on this service. Fridays are also spent at the Buffalo facility (including intern seminars and group supervision).

The Geropsychology Specialty Track intern may request any other internship rotations for the second half of internship, January to July.

Community Living Center

Dr. Kim Curyto

Prerequisites: Interest in dementia, chronic and terminal illness, staff and family support and geropsychology is preferred.

Setting, Tasks, and Workload: The Community Living Center (CLC) is a nursing home program at the Batavia VAMC that provides comprehensive care for Veterans who are severely disabled and/or chronically ill. It consists of 3 lodges of 30 residents each. CLC manages the following:

- Residents with complex medical problems that require long-term care.
- Residents with a terminal illness.
- Residents with relatively short-term problems in need of rehabilitation and discharge planning into the community.
- Residents staying short term for caregiver respite.

The psychology intern in the CLC rotation will function as a member of a multidisciplinary team that serves Veterans in the nursing home. Most residents are elderly and chronically ill. Diagnoses vary, with a majority of Veterans presenting with some type of neurocognitive disorder/dementia and/or mood disorder. Presenting issues include depression, anxiety (including PTSD), , severe mental illness, coping with pain, cognitive functioning and capacity questions, substance use disorders, personality disorders, grief and loss, end-of-life issues and planning, and disruptive behaviors.

The intern is encouraged to tailor the experience to meet his or her objectives. The intern will provide counseling to Veterans and their family members or caregiver. The focus of treatment is to provide supportive and behavioral/cognitive behavioral therapy and recommendations framed within the biopsychosocial model of care. The intern will co-facilitate one reminiscence group weekly with a group of Veterans with dementia. The intern will also conduct psychological assessments with Veterans including the screening of cognition, mood and behavior symptoms, and determine an appropriate plan of care. The intern will attend an multidisciplinary team meeting weekly, and discuss cognitive, mood, and behavioral functioning in the context of a holistic care planning process. Staff support, education, and behavior management planning are also a key component of this rotation.

Didactic Opportunities: Interns on this rotation are encouraged to attend continuing education opportunities through facility medical rounds, Batavia geropsychology trainings, monthly CLC mental health provider teleconferences, and other trainings provided through the education department as applicable. He or she will be expected to complete, discuss, and integrate into practice readings on geropsychology and aging Veterans.

Research Opportunities: There are a number of opportunities for research, which are to be compatible with the current research and clinical activities in the CLC, and will be tailored to meet the intern's interests, objectives, and availability. Possible topics include the evaluation of appropriate screening tools in the nursing home population, and evaluating the impact of psychosocial, behavioral, and educational interventions.

Structure of Supervision: Supervision will be provided on an ongoing and as needed basis, with regularly scheduled individual meeting times throughout the week as well as during weekly team meetings. Minimally, the intern will meet with Dr. Curyto individually for one and a half hours each week for a half-time rotation, with additional supervision provided in a team setting and individually on an as needed basis.

Geropsychology

Dr. Kathryn Moss

Prerequisites: Interest in working with older adult, rehabilitation, and palliative care/hospice populations; interest in working with partners, family members/caregivers, and staff; as well as some experience with psychological testing and integrative report writing.

Setting, Tasks, and Workload: Interns involved in the Geropsychology rotation will have the opportunity to work with older adults in both outpatient and medical inpatient settings. Outpatient work includes cognitive and decision-making capacity assessments referred from various providers throughout the medical center (intern expected to complete 1-2 every other week for a ½ time rotation). Interns regularly provide feedback regarding these cognitive evaluations to patients and referring providers, and develop a working knowledge of the services and resources that are available to assist those with cognitive impairment. Interns may also have the opportunity to provide outpatient psychotherapy for older Veterans as well as their caregivers and bereaved partners/family members.

Medical inpatient work occurs via involvement in the Advanced Illness/Palliative Care Consultation Team (AI/PCCT). The AI/PCCT is a consult service for Veterans who have been diagnosed with an advanced and/or chronic progressive illness.

Veterans referred to the AI/PCCT have:

- Diagnosis of advanced cancer
- In a 6 month period, 2 or more admissions, 12 Emergency department visits or one admission to the Intensive Care Unit for Chronic Obstructive Pulmonary Disease or Congestive Heart Failure
- Progressive disease such as End Stage Renal Disease, Liver Disease, Cardiac Disease
- Debilitating illness such as Multiple Sclerosis, ALS, Dementia

The AI/PCCT program focuses on the management of physical, psychosocial, psychological and spiritual suffering and optimizing quality of life. The core AI/PCCT consists of a chaplain, nurse, physician, social worker and psychologist. Medical residents and palliative medicine fellows are closely involved with the team as well. The AI/PCCT is frequently consulted by other medical teams to assist with pain and symptom management, facilitate communication with medical providers and caregivers (e.g., establishing goals of care, decision-making assistance, care coordination), and provide emotional support to patients and caregivers. The majority of the clientele are older adults, although the AI/PCCT sees Veterans and caregivers of all ages.

Clinical work takes place on a CLC Hospice unit as well as on acute and general medical units. Available training opportunities include, but are not necessarily limited to, the following: individual psychotherapy, caregiver support and intervention, cognitive screening, decision-making capacity assessment, dementia-related behavior assessment and intervention, and staff training, support, and intervention. Interns frequently provide at least one staff educational program during the course of the rotation. Group therapy experience may also be available.

A key feature of the AI/PCCT training experience is interdisciplinary team participation and involvement. Interns are expected to consult and collaborate closely with an interdisciplinary team to address the psychological needs of patients and their caregivers. The team huddles daily to review new referrals as well as to discuss pertinent patient care issues. Interns are expected to participate in at least one of the team huddles per week. Interns may also participate in family meetings focusing on patient care. There are also monthly Palliative Care administrative meetings to address the broader needs of the Palliative Care service (e.g., program evaluation and management).

Didactic Opportunities: Interns on this rotation may attend didactic offerings described under the Neuropsychology Rotation. In addition, many continuing education opportunities are offered via the department of Psychiatry and the division of Geriatric Medicine at the VA (e.g., Palliative Care journal club, Schwartz Rounds). Less formal didactic experience takes the form of readings assigned by and discussed with the supervisor throughout the rotation.

Research Opportunities: Opportunities for clinical research or collaboration are possible, particularly in relation to issues of aging and palliative care. Interns interested in research participation are encouraged to contact Dr. Moss as early as possible to specify the form and feasibility of such projects.

Structure of Supervision: Formal supervision is scheduled for two hours per week. Regular informal supervision and consultation is also encouraged as needed.

Neuropsychology

Dr. Kerry Grohman, Board Certified in Clinical Neuropsychology, ABPP

The Neuropsychology Specialty Track Internship meets or exceeds all INS/Division 40 training criteria for the doctoral internship.

Prerequisites: As this is considered to be an advanced assessment training experience, interns selecting this rotation as an elective are expected to have a good working knowledge of intellectual and personality assessment and some experience with integrative report writing. Neuropsychology Specialty Interns are expected to have significant prior experience in neuropsychological assessment.

Setting, Tasks, and Workload: The neuropsychologist and intern provide consultation to all areas of the Medical Center, in both inpatient and outpatient settings. Outpatient referrals reflect the full spectrum of adult neuropathology, including degenerative disorders, stroke, head injury, neoplastic disease,

substance abuse, psychiatric disturbances, and metabolic and systemic illnesses. Inpatient consultation focuses on capacity evaluations (medical decision making, independent living).

Principle duties involve developing or increasing familiarity with a flexible battery, process-oriented approach to neuropsychological assessment, in addition to expanding awareness of neuropathology. The rotation is both didactic and clinical. An assigned text and directed readings augment the focus on test selection and administration, history taking, data integration, and report writing. Interns are required to find and read the current literature for each pathological condition they encounter, to enhance understanding of the condition and its implications.

Referrals are generally assigned at a rate of one or two per week. That said, the rate of production is primarily based on intern motivation and ability.

For Neuropsychology Specialty Interns, priority is focused on facilitating the intern's readiness and marketability for the post-doctoral residency in Clinical Neuropsychology, as well as on providing the foundation training necessary for eventual board certification. Our Specialty Interns have had an excellent track record for obtaining quality post-doctoral training in settings such as Brown University, Cleveland Clinic, University of Michigan, University of Rochester, National Rehabilitation Hospital, University at Buffalo and other institutions. Many of our former interns have either completed, or are in the process of, board certification.

The Neuropsychology Specialty Intern completes the first six months of the internship in the specialty. Part-time, off-site placements can be arranged for Specialty Interns with interests beyond the offerings at our facility.

For Generalist Interns, the primary goal of the rotation is to teach neuropsychology and neuropathology toward the goal of developing sound cognitive screening skills and the tools needed to be a successful consumer of neuropsychological reports. While the clinical work for Specialty Interns and Generalists is similar, the didactic portion of the rotation usually differs. The intensity of the Generalist's experience is based on the interest and ability of the intern. Generalist and Geropsychology interns interested in the rotation complete a half-time experience.

Didactic Opportunities: The Neuropsychology rotation requires a considerable amount of didactic participation, including weekly Reading Review, Neurology Grand Rounds, Neuroscience Seminars (optional), and other offerings. Additionally, a seminar series in Neuropsychology is given to all interns in the spring of the training year. Required texts are assigned based on the intern's level of knowledge and experience. Additional readings are assigned as are relevant to the clinical cases.

Research Opportunities: Participation in on-going research or development of an original project is strongly encouraged, but not required, of the Neuropsychology Specialty Intern. For interns who have completed their dissertations and would like to complete an original study, consultation is available in the summer prior to the internship to facilitate IRB requirements and afford the intern maximum time for completion.

Current and recent studies in progress in the Neuropsychology Clinic focus on Cognitive and Affective Symptoms in OEF/OIF Veterans, Cognitive Screening in Primary Care, Cognitive Sequelae of Blast Injuries in OEF/OIF Veterans, Traumatic Brain Injury and Quality of Life, and the Clock Drawing Test in Differential Diagnosis.

Three neuropsychology clinical databases are also available to the intern for investigation.

Structure of Supervision: Supervision is scheduled at least two hours per week, depending on the needs of the intern. Informal supervision and consultation are encouraged on a daily basis. See Rotation Goals and Objectives for more information.

[More on neuropsychology rotations](#)

[Post-Traumatic Stress Disorder Treatment Rotation - Batavia](#)

Drs. Amy Rodrigues

Prerequisites: None

Settings, Tasks, and Workload: The Jack H. Wisby, Jr. PTSD Treatment Center provides comprehensive treatment of veterans diagnosed with war-zone related PTSD. The PTSD Center is located in our own building (Building 5) at the Batavia VA Medical Center. The quiet spacious grounds help veterans feel safe and enhance focus on recovery from trauma. The Batavia VA is a 30-45 minute commute from the Buffalo VA. Shuttle transportation is provided. This supportive setting helps individuals and families share how PTSD has affected them. The Treatment Program consists of a 30-bed residential unit (PRRTP), and outpatient care (PCT). The PRRTP is composed of short-term stabilization, evaluation, and crisis beds and a structured 26-day cohort intensive therapy program. Both residential and outpatient treatment consists of group, family, and individual therapy.

A typical set of clinical duties for an intern would include the following: Thorough psychological assessment including personality testing, diagnostic interviewing, review of records; an individual

psychotherapy caseload of 1-2 outpatients and 2-3 residents; and co-facilitation of psychotherapy groups and psychoeducational modules. Opportunities for training in Exposure Therapy and observation of EMDR are included. In addition, focus on the elucidation of a psychologist's role in a multidisciplinary team, administrative and research endeavors are also integrated into the rotation. Of course, specific duties are determined by intern's interests, skills, and talents and the needs of the program. The PTSD Treatment Team is open to innovative ideas and the development of new specialized program components offered by our interns.

Didactic Opportunities: Regular attendance at in-house training and other PTSD-related workshops is encouraged. Interns are provided with a reading list and supervision includes review of literature and application to treatment population.

Research Opportunities: The PTSD Treatment Center is involved in ongoing research endeavors. There are opportunities for interns to initiate or join research projects. Current areas of interest include positive psychology conceptualizations and treatment intervention with this population.

Structure of Supervision: Supervision is provided on an ongoing and as needed basis. Formal supervision of therapy/evaluation case supervision is scheduled with the supervising psychologist for a minimum of one full hour per week with more supervision made available based on the needs of the intern. Interns will also participate in therapist case conferences, weekly treatment plan reviews, and daily review of psychotherapy group disposition.

Primary Care

Dr. Sheila Donovan

Prerequisites: Familiarity with medical settings and multi-disciplinary teamwork, diagnostic interviewing, and principles of behavior change are very helpful but not required.

Setting, Tasks, and Workload: Primary Care: As part of the multidisciplinary Primary Care Group, the intern will work with patients on a wide range of issues from coping with serious illnesses and losses to relaxation and stress management. Diagnostic interviewing and treatment recommendations are regularly requested. Integrated primary care skills include the ability to facilitate rapid, problem-focused, behaviorally oriented assessments and treatment plans, work in a non-traditional structure (i.e. 30' sessions) with a focus on holistic health as the target for intervention. Primary care providers are considered primary "customers" in this model. Referrals include issues of traditional psychiatric concern (PTSD, anxiety, depression etc.) as well as behavioral medicine issues such as sleep and pain problems. Short-term, targeted counseling, motivational interviewing, and care management are frequent avenues of intervention. Consultation with medical providers on ways of improving adherence to medical

recommendations and facilitating behavior change, as well as understanding behavior patterns will be included.

Women's Wellness Clinic: The Women's Wellness Clinic is a primary care clinic for female veterans and spouses of veterans. As in the other primary care settings, opportunities are available to interns to work individually with patients and to co-lead groups. Referrals include issues of PTSD, MST, depression, relationship issues, and behavioral medicine issues.

MOVE! Weight Management program: This evidence-based, multi-disciplinary program is a multi-level intervention that starts with the primary care staff identifying the issue, and includes computerized assessment with individually tailored reports for patients and staff.

Finally, psychoeducational or psychotherapeutic groups are developed based on both intern interest and patient need. Group offerings have included Weight Management, Stress Management, Insomnia Treatment, Depression Management, MST, and Bereavement. Additional topics are possible. Interns are expected to co-lead at least one group.

Didactic Opportunities: The majority of didactic training comes from 1:1 supervision time with Dr. Donovan, and is supplemented by psychology seminars.

Research Opportunities: Research is encouraged and can be discussed with Dr. Donovan.

Structure of Supervision: Formal supervision takes place in two one hour individual meetings per week. Additional time is available as needed.

Primary Care Pain Management

Dr. Denise Mercurio-Riley

Prerequisites: Familiarity with psychological pain management treatment modalities, opioid adherence, medical settings and multi-disciplinary teamwork, diagnostic interviewing, and principles of behavior change are beneficial but not required.

Setting, Tasks, and Workload: Primary Care. As part of the multidisciplinary Primary Care team, the intern will focus on working with patients with chronic pain, including assessment and treatment planning involving issues involving pain and pain management. In line with the Integrated Primary Care Model, the goal is to provide short-term, goal-oriented, individual, group, or family interventions for management of chronic pain, adjustment to disability, opioid adherence, support for medical interventions, and/or medical or psychiatric co-morbidities interacting with pain management. Consultation with medical providers within Primary Care and to specialty programs outside Primary Care regarding pain management issues is a common component of this rotation.

Psychoeducational or psychotherapeutic groups may be developed based on both intern interest and patient need. Current groups in progress include Pain School and Self-Management Classes.

Didactic Opportunities: The majority of didactic training comes from 1:1 supervision time with Dr. Mercurio-Riley, and is supplemented by psychology seminars.

Research Opportunities: Research opportunities may be available and can be discussed with Dr. Mercurio-Riley.

Structure of Supervision: Formal supervision takes place in two one hour individual meetings per week. Additional time is available as needed.

Psychosocial Rehabilitation and Recovery Center (PRRC)

Dr. Matthew Abrams

Prerequisites: None, however, previous experience working with individuals diagnosed with serious mental illness would be beneficial.

Setting, Tasks, and Workload: The PRRC is part of the Community/Day Programs branch of the Behavioral Healthcare Line. Other components of this division include the Mental Health Intensive Case Management Program (MHICM) and the Health Care for Homeless Veterans Program.

The PRRC treats veterans who require greater psychological support than traditional outpatient contact can offer, but less than inpatient psychiatric treatment. Veterans can attend up to five days per week as needed. They typically are referred to the program to prevent inpatient psychiatric hospitalization or following an episode of inpatient psychiatric hospitalization. They also are often referred for adjunctive care if periodic therapy visits to the Behavioral Health Clinic are yielding insufficient results in their recovery.

The PRRC adheres to a recovery-based model and each veteran works in conjunction with their recovery coordinator to establish an individualized recovery plan. Recovery plans are focused within eight dimensions of wellness: emotional, financial, social, spiritual, physical, occupational, intellectual, and environmental. Traditional modalities of therapy (individual and group therapy) are used in combination with veteran empowerment and healing activities (peer led groups, anti-stigma activities, community integration, etc.). Various group therapy programs are offered throughout the day (e.g., CBT, PTSD Support Group, MBSR, Wellness Recovery Action Plan Group, DBT, Social Skills, etc.). About 150 veterans are enrolled in the program with approximately 60 attending each weekday. Diagnoses cover the full range of DSM IV-R disorders, with about one-half of the population diagnosed within the

schizophrenia spectrum. Also, between a third to a half of the veterans attending suffer from alcohol and/or polysubstance abuse, along with their principal mental illness.

The PRRC is located two miles from the Medical Center and is readily accessible by public transportation. It is in a modern, pleasantly designed, large one-story building with good facilities for veteran activities, and staff and intern office areas. An occupational therapy clinic, computer room, and fitness room are onsite and available for veteran participant use.

This rotation requires attendance over at least 3 separate days during the week and can be split with another rotation.

An initial "needs assessment" is conducted with the intern to target potential areas for clinical professional growth while in this rotation. A typical set of intern clinical duties would include the following: completing weekly initial consults and comprehensive psychosocial assessments, serving as the recovery coordinator for appointed veterans, weekly individual therapy, and co-leadership (then possibly primary leadership) of a psychotherapy group. As the intern's talents, interests, and program needs emerge, he or she can develop a specialized treatment group of their own design.

Trainees from social work, nursing, and occupational therapy also rotate through the setting.

Didactic Opportunities: PRRC staff in-service programs are open to interns. Attendance at the psychology intern seminar series and intern supervision group at the medical center is required.

Research Opportunities: The site has served staff and students alike in their research interest areas. Examples of completed research include the use of the microcomputer as a therapeutic aid, the clinical efficacy of quality improvement activity, quality of life and well-being in the seriously mentally ill, schizophrenia and schizotypy, etc.

Structure of Supervision: Supervision is ongoing and takes place in daily morning patient review meetings and treatment plan reviews. However, aside from group therapy or other intervention pre-planning and debriefings with the psychologist or co-leader, at least one full hour is set aside weekly for therapy/assessment/diagnostic case supervision.

Supervisees have consistently found this rotation to provide a richly rewarding training experience. This is due to the variety of patients served, the multitude of therapeutic activities and opportunities, the positive nature of the recovery model, and the prevailing positive and cooperative therapeutic atmosphere.

Substance Use Disorder Specialty Treatment Services

Dr. Laretta Lascu

Prerequisites: Familiarity with substance use disorder and/or PTSD treatment is desirable but not required.

Settings, Tasks, and Workload: The Substance Use Disorder Rotation offers a variety of clinical experiences including: Outpatient Clinic; 28-day, 18 bed co-ed Substance Abuse Residential Rehabilitation Treatment Program (SARRTP); Impaired Driver Program; Justice-Involved veterans, Smoking Cessation Program; and Buprenorphine Clinic. Interns gain exposure to all program aspects and may focus their training in one or more areas, based on clinical interests. Veterans present with a range of substance use issues and comorbid issues (e.g. PTSD, MDD, Bipolar Disorder). Specific duties are determined by the intern's interests, skills, and talents and the needs of the program.

Training opportunities include:

- Intake Assessment, including Impaired Driver Assessments
- Individual Therapy
- Group Psychotherapy co-facilitation: residential groups- Mindfulness, Seeking Safety; Outpatient groups- SUD-PTSD Motivational Interviewing, CBT; opportunity to develop a new group dependent on intern skills/interests. The groups listed are led by Dr. Lascu. Interns also sample groups led by other staff in order to maximize their clinical experience.
- Training in Evidence Based Treatments for SUD and/or PTSD based on intern interests e.g. Motivational Interviewing for Substance Use Disorders, Seeking Safety for SUD/PTSD, Cognitive Processing Therapy for PTSD
- Participation in Veterans Court process
- Participation in Buprenorphine Clinic Program
- Consultation: referrals from inpatient psychiatric unit and medical units
- Outpatient and residential team meetings
- Understanding of the psychologist role in a multidisciplinary team

Didactic Opportunities: Attendance at in-house trainings and other SUD-related workshops is encouraged. Individual supervision provides the majority of didactic experience. Team meetings and psychology seminars serve as supplemental learning experiences.

Research Opportunities: Opportunities for clinical research are possible, dependent on intern skill and interest.

Structure of Supervision: Supervision will be provided on an ongoing and as needed basis, with regularly scheduled individual meeting times throughout the week as well as during weekly team meetings. Minimally, the intern will meet with Dr. Lascu individually for one and a half hours each week for a half-time rotation, with additional supervision provided in a team setting and individually on an as needed basis.

Psychology Internship at Buffalo VA Medical Center

[Psychology Internship Home](#) [Training Philosophy, Goals and Internship Structure](#) [Rotations](#) [Our Faculty](#) [Buffalo & Western NY](#)

Psychology Training Staff

Matthew Abrams, Ph.D.

- Counseling Psychology, Loyola University Chicago, 2012; M.A., B.A., Governors State University, 2007.
- Theoretical orientation: Integrative with concentration in acceptance/mindfulness-based and interpersonal approaches.
- Professional Interests: Recovery-oriented care. The use of mindfulness in both individual and group psychotherapy.
- Rotation: Psychosocial Rehabilitation and Recovery Center

Gregory P. Beehler, Ph.D., M.A.

- Counseling Psychology, University at Buffalo, The State University of New York, 2007. M.A. (Medical Anthropology), University at Buffalo, The State University of New York, 1999. B.A., State University of New York at Geneseo, 1996.
- Theoretical orientation: Integrative: Cognitive-behavioral, Interpersonal, and Postmodern
- Professional interests: Behavioral medicine; implementation and evaluation of Integrated Primary Care; psychosocial oncology; chronic pain; program evaluation.
- Rotation: Center for Integrated Healthcare

Brad Brown, Psy.D.

- Clinical Psychology, Forest Institute, 2009; M.S. Counseling, Missouri State University, 2005.
- Theoretical Orientation: Client-centered, Interpersonal
- Professional Interests: Forensics, Couples, DBT Group
- Rotation: Behavioral Health Clinic

Kim Curyto, Ph.D.

- Clinical Neuropsychology, Wayne State University, 2000. B.A. Calvin College 1994.
- Theoretical Orientation: Cognitive-Behavioral, Bio Psychosocial, Person-Centered.
- Professional interests: Assessment and treatment of disruptive behaviors in dementia, evidence-based psychosocial and behavioral interventions including STAR-VA, interdisciplinary implementation of interventions. Clinical and research program development.
- Rotation: Geropsychology Specialty Tract, Community Living Center (CLC)

Kerry Donnelly, Ph.D., ABPP/ABCN

- Counseling Psychology, State University of New York at Buffalo, 1988. M.S., Canisius College, 1982. B.A., State University of New York at Buffalo, 1978.
- Theoretical orientation: Cognitive-behavioral
- Professional interests: Neuropsychological assessment, training, consultation and research. Current research focuses on traumatic brain injury and cognitive and affective symptoms associated with deployment in a war zone.
- Rotation: Neuropsychology

Sheila Donovan, Ph.D.

- Counseling Psychology, University at Buffalo, 2001. M.S.W., University at Buffalo, 1996, B.A. State University of New York at Fredonia, 1993.
- Theoretical orientation: Behavioral, cognitive, interpersonal and client-centered.
- Professional Interests: Assessment and counseling of individuals with dementia, developmental disabilities and mental illness; behavioral approaches with individuals and families.
- Rotation: Primary Care Clinic

Karl D. Frohm, Ph.D., Director of Training, Lead Psychologist

- Clinical and Physiological Psychology, University of Utah, 1987. M.A., State University of New York College at Brockport, 1982. B.S., Yale University, 1977.
- Theoretical orientation: Cognitive, behavioral, interpersonal and client-centered.
- Professional interests: Adaptation to catastrophic and chronic illness, pain management, psychosomatic processes and program development.
- Rotation: Behavioral Medicine

Kerry Grohman, Ph.D., ABPP/ABCN

- Counseling Psychology, State University of New York at Buffalo, 2001. B.A., State University of New York at Buffalo, 1995.
- Theoretical orientation: Cognitive-behavioral
- Professional interests: Neuropsychological assessment, training, consultation and research, decision making capacity, substance use disorders, and medical ethics.
- Rotation: Neuropsychology

Lauretta Lascu, Psy.D.

- Clinical Psychology, Florida Institute of Technology, 1994; B.Sc., University of Toronto, 1987.
- Theoretical orientation: Cognitive-behavioral and humanistic/existential.
- Professional Interests: Substance Use Disorder(SUD) assessment and treatment; trauma/PTSD assessment and treatment; comorbidity of SUD and PTSD.
- Rotation: Substance Use Disorder Outpatient and Residential Treatment Programs.

Denise Mercurio-Riley, Ph.D.

- Counseling Psychology, University at Buffalo, The State University of New York, 2012. M.S. (Rehabilitation Counseling), University at Buffalo, The State University of New York, 2008. B.A., University at Buffalo, The State University of New York, 2006
- Theoretical orientation: Cognitive-behavioral, Interpersonal, and Client-Centered
- Professional interests: Psychosocial adjustment to chronic health conditions; pain management; acceptance of disability; caregiver adjustment; teaching and supervision.
- Rotation: Primary Care Pain Management

Kathryn Moss, Ph.D.

- Clinical Psychology, The University of Alabama, 2009. M.A., The University of Alabama, 2006. B.A., West Virginia University, 2003.
- Theoretical Orientation: Integrative, with a focus on cognitive-behavioral, interpersonal, and client-centered approaches.
- Professional Interests: Intervention, assessment, & consultation in long-term care and palliative care settings; cognitive and decision-making capacity assessment; geropsychology training; assessment and treatment of geriatric depression.
- Rotation: Geropsychology

Amy Rodrigues, Ph.D.

- Clinical Psychology, University Rochester, 2010; B.A., University of Rochester, 2003.
- Theoretical orientation: Cognitive-behavioral, client-centered.
- Professional Interests: Assessment and individual/group treatment of Post-Traumatic Stress Disorder in both men and women. Research related to PTSD and treatment outcomes.
- Rotation: Post Traumatic Stress Disorder Treatment Rotation – Batavia

Psychology Internship at Buffalo VA Medical Center

[Psychology Internship Home](#) [Training Philosophy, Goals and Internship Structure](#) [Rotations](#) [Our Faculty](#) [Buffalo & Western NY](#)

Buffalo and Western New York

General: The population of the Buffalo Metropolitan area is approximately 1.3 million people, with 350,000 of those residing in the City of Buffalo*.

Location: The City of Buffalo is bounded by the west by Lake Erie and the Niagara River. The 36 mile long Niagara River, which is technically a "strait" between Lake Erie and Lake Ontario, is the source of Niagara Falls, one of the great scenic wonders of the world. There is a great variety in living styles available, from urban townhouses to lake shore homes to rural farms. It is worth noting that Buffalo is centrally located, i.e. within a day's drive of many large urban centers (including New York City, Boston, Philadelphia, Chicago). Toronto is just one and one-half hours away. The location can make it easy to visit family or major professors, depending on one's preference.

Weather: Buffalo is fortunate in having four distinct seasons. Our summer temperatures range from 75-85, with few days over 90 degrees. Refreshing breezes drift from Lake Erie over fine harbors and beaches along both the American and Canadian shore, convenient for summer sports like boating, fishing and swimming. Autumn is quite long, dry and colorful due to the changing foliage. In winter, Buffalo does

get snow, mainly in the "snow belt" south of the city in which major ski resorts are located. Residents of that section are happy with the snowfall. As the Chamber of Commerce says, "we don't sit around all season watching it fall. We ski it downhill, we ski it cross-country, we snowshoe it, we backpack in it, etc." Buffalo residents consider that the seasonal changes are an invigorating part of the variety of life Buffalo offers.

Housing: In a recent nationwide survey of 18 urban areas, Buffalo was the 4th least expensive in housing costs. There is a wide variety of apartments available at reasonable rents. Since the DVA Medical Center is across the street from the SUNY at Buffalo* campus, student apartments are available within walking range of the Medical Center. For those with a car, there are many apartment complexes within a 5 mile radius of the Medical Center.

Education: As noted earlier, the DVA Medical Center is located in the northeastern suburban boundary of Buffalo and is directly across the street from the South Campus of SUNY at Buffalo*. SUNY at Buffalo has approximately 25,000 students on its two campuses. Noteworthy for prospective interns is that there are two APA-approved training programs at SUNY: the Clinical Psychology track of the Department of Psychology and the Counseling Psychology track of the Department of Counseling and Educational Psychology. Located across from the Medical Center is the Health Science Campus, housing the schools of Medicine, Dentistry, Nursing and Health Related Professions as well as the Health Sciences Library. A shuttle bus system transports one to the Amherst Campus which houses the Law Library, Graduate Library and the psychology departments. In addition to SUNYAB, there are six other four-year colleges on the Western New York area representing a wide range of private and public educational opportunities.

Health Sciences: In the metropolitan area there are approximately 25 general or specialized hospitals. Included in these facilities are two State psychiatric facilities, the Buffalo Psychiatric Center and the West Seneca Developmental Center. The Buffalo Niagara Medical Campus includes Buffalo General Hospital, the University at Buffalo's Center for Bioinformatics, Roswell Park Cancer Institute*, and several other programs, in a single clinical, research and academic complex. Women's and Children's Hospital provides pediatric and maternity care. The state-funded Research Institute on Addictions conducts a wide range of basic and applied research on addictions. As the DVA Medical Center is a teaching hospital, there are regular seminars and symposia presented by other disciplines (palliative care, oncology, medicine, neurology, primary care) which are available for interested interns

Leisure: There are facilities for both spectator and participant sports in Western New York. For spectator sports, the Buffalo Bills* play at Ralph Wilson Stadium. The Buffalo Sabres* provide exciting hockey entertainment at the SBC Arena. The AAA league baseball team, the Bisons*, is located in Coca Cola Field, a beautiful, nationally-recognized stadium in the heart of downtown Buffalo. Division I basketball and football are played at several area colleges.

Participant sports are many and varied. Because of the location, there are many facilities for water sports, including fishing and boating. There are also many facilities for winter sports. For instance, there are 20 ski areas within 90 miles of Buffalo, 12 of which are only 45 minutes from downtown. Facilities for racquet sports are also in good supply. There are 84 outdoor tennis courts scattered throughout the City of Buffalo. There are also a number of clubs available for indoor tennis, squash, racquetball and aerobics.

Locals and frequent visitors to Buffalo perhaps best regard the area as offering an unusually wide repertoire of good and affordable restaurants as well as music venues.

Parks: When urban quality of life is evaluated, Buffalo is always highly rated for its park system. Designed by Fredrick Law Olmstead, the designer of New York's Central Park, the city park system embraces over 3,000 acres. It contains numerous facilities such as swimming pools, golf courses, baseball diamonds, etc. Another 2,000 acres of parks, adjacent to Niagara Falls, offer spectacular views of the river and the Falls. Other state parks near Buffalo offer facilities for hiking and camping. The largest of these is Allegany State Park, whose 65,000 acres offer 100 miles of hiking trails. Letchworth State Park and the Allegany National Forest are also easily accessible from Buffalo.

Cultural Activities: Buffalo offers fine facilities for art, music and theater. The Albright-Knox Art Gallery* enjoys a world-wide reputation for its collection of contemporary painting and sculpture. The Gallery is usually chosen as a site for display of touring exhibitions from New York or Washington. The Buffalo Philharmonic Orchestra* features symphony concerts and pop concerts from October to May at Kleinhans Music Hall, which is architecturally famed for its acoustical qualities. The orchestra also plays summer concerts in a variety of settings, including local parks. Theater is well represented at 6 different facilities throughout Western New York. One spectacular theater is Shea's* Buffalo, located in the heart of Buffalo's Theater District. The 3,000-seat facility has been painstakingly restored to its original elegance as designed by Tiffany in 1926. Another spectacular site, for different reasons, is Artpark. Located on 172 acres along the Niagara River, Artpark* offers classical music, jazz, and rock as well as productions of plays, ballets and operas. In nearby Ontario are both a George Bernard Shaw Festival and a Stratford Shakespeare Festival* throughout the summer. In recent years, the city has hosted a popular series of weekly free rock concerts throughout the summer at Canalside.

Many visitors are drawn to Buffalo's architectural heritage, including several prized municipal buildings and homes built by Frank Lloyd Wright. The turn of the century Roycroft arts and crafts movement, centered at a campus in nearby East Aurora, is also a regional attraction. Buffalo also currently hosts several annual arts and cultural festivals, including the Allentown Arts Festival, Taste of Buffalo, Music is Art, Greek Festival, Italian Festival, Chicken Wing Festival, and Garden Walk.

Applicants invited to interview will be provided a list of nearby moderately priced hotels that have been recommended by previous applicants and visiting colleagues.